								1
IPDR6702 RUN DATE:	04/23/2006		IPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PA	3E: 1	
				HECKWRITE DATE: 04/27/2006				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	4115	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		8505	163	CLAIM DENIED DUE TO INSUFFICIE	0	4280	4333	15
				NT BUDGET				
		8599	2	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8505	6130	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		8800	156	FURTHER PROCESSING NECESSARY,	0	6342	6832	490
	+			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
				A ANALASKI WWW.				
3404910	PATHWAYS	8505	2507	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				NI DUDGET				
		8800	345	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	2	2988	4564	1571
				FUTURE RA'S.				
			40					
		10	4.5	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404912		11	5.6	CLIENT NOT ELIGIBLE ON SERVICE				
3404312	CATAWBA COUNTYM ENTAL HEALT	11	36	DATE				
		8536	45	ATTENDING PROVIDER TYPE AND SP				
		0330		ECIALTY COMBINATION IS NOT	26	192	475	283
				VALID FOR SUBMITTED BILLING PR				
		8505	40	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913	MECKLENBURG COM	8599	1326	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8933	1115	ADTNC INELIGIBLE TO RECEIVE SE	1681	4496	13809	9313
				RVICES IN IPRS.				
	+		-					
		8534	693	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
	+			PROVIDER. PLEASE VERIFY THE F				
3404916	CROSSROADS BEHA	79	17	THIS SERVICE IS NOT PAYABLE TO				
	VIORAL HEAL			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
	+							
		8599	12	DETAIL NOT COVERED BY COMBINAT	0	33	342	309
	+		-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	+			n FALLENT NAME				
3404917	CENTERPOINT HUM	8505	1889	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	AN SERVICES			wi bobobi				
		8599	1882	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	146	4571	5455	884
				BENEFIT PACKAGE.				
	_	11	297	CLIENT NOT ELIGIBLE ON SERVICE DATE				

	1	1		T		ı	T.	
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404919	CUTT DODD, GO MIN	8505	4240	CLAIM DENIED DUE TO INSUFFICIE				
3404313	GUILFORD CO MEN TAL HEALTHC	8303	4240	NT BUDGET				
	TAL HEALTHC							
		8599	109	DETAIL NOT COVERED BY COMBINAT	97	4648	7057	2409
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BEREFIT PACKAGE.				
		8931	87	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920		79	146	THIS SERVICE IS NOT PAYABLE TO				
3404320	ALAMANCE CASWEL L AREA MH D	1.5	140	YOUR SUBMITTED BILLING				
	L AREA NA D			PROVIDER TYPE AND SPECIALTY IN				
		11	131	CLIENT NOT ELIGIBLE ON SERVICE	23	481	1525	1044
				DATE				
		-						
		8599	90	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND				
		İ		BENEFIT PACKAGE.			<u> </u>	
3404921	ORANGE PERSON C	8505	2883	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HATHAM AREA			NT BUDGET				
		8800	618	FURTHER PROCESSING NECESSARY,	5	3878	6640	2762
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
			60					
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	21	1711	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		191	327	CLIENT ID NUMBER DOES NOT MATC				
		191	321	H PATIENT NAME	4	2440	3264	824
		8505	262	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404923	FIVE COUNTY MH	11	451	CLIENT NOT ELIGIBLE ON SERVICE				
	TTTE COUNTY IN			DATE				
		8000	76	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	714	3040	2326
		1		MICE INIO CERTE DEIRIE				
		21	67	DUPLICATE OF CLAIM-SYSTEM			<u> </u>	
3404925	03WD01777.0. C	8505	4341	CLAIM DENIED DUE TO INSUFFICIE				
	SANDHILLS CENTE R FOR MH/DD			NT BUDGET				
		1						
		İ					<u> </u>	
		8599	269	DETAIL NOT COVERED BY COMBINAT	66	5912	11299	5387
				ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				
		8800	210	FURTHER PROCESSING NECESSARY,				
		1		PLEASE CHECK FOR CLAIM ON				
		İ		FUTURE RA'S.			<u> </u>	
3404926	SOUTHEASTERN RE	11	183	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL	 		DATE				
		 						
		8599	99	DETAIL NOT COVERED BY COMBINAT	0	356	3517	3161
		1		ION OF RECIPIENT, PROVIDER AND	0	350	3317	3101
		İ		BENEFIT PACKAGE.			<u> </u>	
					-			
ļ		8533	45	SERVICE FACILITY LOCATION CANN				
-		1		OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
		 		IDENTIFIED AS AN INDIVIDUAL.				
	1	1	1				1	

		T						T
PROVIDER	-	HIGH DENIAL	NUMBER OF		TNC	moma i	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENTALS	DENTALS	FINALIZED	PALD
3404927	CUMBERLAND CO M	8505	512	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		0000	101	TUDBURD PROGRATIC VEGEGOVEV				
		8800	121	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	8	792	2226	1434
	-			FUTURE RA'S.				
		8622	94	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	n					
	-		Ü		U	U	U	U
3404930	JOHNSTON COUNTY	8599	303	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	60	DUPLICATE OF CLAIM-SYSTEM	33	476	2882	2406
	<u> </u>							
	+	0.052	32	CIAIM DENIED DUE NO ACE PROMPT				
	-	8952	32	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
	-			CITOMO FOR LANGEL FOFGLATION				
	-							
3404931	WAKE CO HUM SVC	8599	100	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8534	52	SERVICE FACILITY LOCATION IS N	40	297	1638	1341
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		0.4						
		21	51	DUPLICATE OF CLAIM-SYSTEM				
	-							
3404933	SOUTHEASTERN CT	8599	56	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
	it for fair bb			BENEFIT PACKAGE.				
		11	41	CLIENT NOT ELIGIBLE ON SERVICE	3	157	987	830
				DATE				
		8621	29	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
3404934	ONSLOW CARTERET	21	506	DUPLICATE OF CLAIM-SYSTEM		1		
	BEHAV HEAL							
	1					1		
	1							
		8599	379	DETAIL NOT COVERED BY COMBINAT	116	2580	3227	647
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	 	E 2.9	201	PROGRAMME TO NOT COMPANY				
	+	537	321	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
	-			MID DOLLE OF SERVICE				
	+	1						
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
	1							
		0	0		0	0	0	0
							1	1
3404936	WILSON-GREENE M	8599	78	DETAIL NOT COVERED BY COMBINAT				
3404936	WILSON-GREENE M ENTAL HEALT	8599	78	ION OF RECIPIENT, PROVIDER AND				
3404936		8599	78					
3404936				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404936		79	15	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO	15	130	1071	941
3404936				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	15	130	1071	941
3404936				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO	15	130	1071	941
3404936				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	15	130	1071	941
3404936		79	15	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	15	130	1071	941
3404936		79	15	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN AMTNC INELIGIBLE TO RECEIVE SE	15	130	1071	941

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	programm value	EOBS EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	2020	Dairtinad	DAI/GRAZ TAON	DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	21	13	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8518	6	CLAIM DENIED, SUBMITTED BEYOND	0	24	958	934
				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		191	3	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		0	0	0	0
			_		0	U	U	U
3404939	NEUSE MENTAL HE	8599	135	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1	70	40	THE OPPOSED TO NOT DAY				-
	1	19	42	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	237	1249	1012
	1	 		PROVIDER TYPE AND SPECIALTY IN				-
	1	 		THE PART OF STREET IN			1	
	1	537	34	PROCEDURE IS NOT COVERED FOR T				
		1		HIS DATE OF SERVICE				
					-	-		
3404941	PITT CO MH/DD/S	21	1338	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER	ļ						1
	1	1						-
	 	8329	891	CLAIM DENIED ATTENDING PROVIDE		25.00		000
				R CANNOT BE THE SAME AS	0	3537	6041	2504
	1	 		THE LMA				
		8599	576	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH	21	52	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							-
		5404	10	SEVERE DUPLICATE: SAME ATTD PR	13	79	2383	2304
				OV/PCODE/TOS/DOS/MOD	13	13	2303	2304
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404943	ALBEMARLE MENTA	8931	18	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				-
	L HEALTH CE	 		NYTONG IN IERO.				-
	1	 					1	
	1	8599	15	DETAIL NOT COVERED BY COMBINAT	34	73	1421	1348
		1		ION OF RECIPIENT, PROVIDER AND	24	73	1421	1340
				BENEFIT PACKAGE.				
					-	-		
		8935	15	ASTNC INELIGIBLE TO RECEIVE SE				
	1	ļ		RVICES IN IPRS.				-
	1	 						-
3404944	PACEDOTNED WAY	21	744	DUPLICATE OF CLAIM-SYSTEM				-
	EASTPOINTE HUMA N SERVICES	 						—
								t
		1						
		8536	519	ATTENDING PROVIDER TYPE AND SP	0	1979	2072	93
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
	1	70	41.0	THE OPPOSED TO NOT DAY				-
	1	19	413	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	1	1		YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				-
	1	 		THE PART OF STREET IN			1	
3404946	FOOTHILLS AREAM	8505	7679	CLAIM DENIED DUE TO INSUFFICIE				
-	ENTAL HEALT			NT BUDGET				
		8800	198	FURTHER PROCESSING NECESSARY,	21	7898	7898	0
				PLEASE CHECK FOR CLAIM ON				
	1	ļ		FUTURE RA'S.				-
	1	8931	21	AMTNC INELIGIBLE TO RECEIVE SE				
	 	0.731		AMTHO INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				-
	+	 						—
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							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	5	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE	0	9	67	58
				DATE				
3404979	NEW RIVER AREAM	8505	411	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	318	FURTHER PROCESSING NECESSARY,	0	853	942	89
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
· ·								
		11	112	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				